

Date _____

Customer Information

Business Name: _____ Contact Person: _____

Phone and email address: _____

Shipping Address: _____

Product Information

Seating: (please refer to the sticker located under the seat pan)

Manufacturer (circle): Allseating Office Master Neutral Posture Humanscale
Other: _____

Model #: _____ Serial # or Work Order #: _____

CSI PO # (if Listed): _____ Fabric Color: _____

Warranty Issues: (circle) Arm Caster Cylinder Mechanism
Levers Seat Pan Backrest Neck Rest Base

Detailed Explanation: _____

Height Adjustable Workstation:

Manufacturer (circle): Mayline Workrite Viking Other: _____

Model #: _____ Serial # or Work Order #: _____

CSI Invoice # : _____ Detailed Explanation : _____

Other Accessory: Manufacturer/Model # _____

CSI Invoice # : _____ Detailed Explanation : _____

Fax to 952-215-0750

Attn: Warehouse Services
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Minnetonka, MN 55343
Telephone: 952-215-0702 Fax: 952-215-0750
Install@csiergonomics.com